

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
Richmond Division**

**JAMES E. MONK,**

**Plaintiff,**

**v.**

**Case No.: 3:20cv518**

**DONALD W. GULICK, JR. *et al.***

**Defendants.**

**RULE 26 EXPERT REPORT OF Terence Reaves, LCSW**

**Terence Reaves, LCSW**

Henrico Area Mental Health and Developmental Services

Providence Forge

9403A Pocahontas Trail

Providence Forge, VA 23140

My name is Terence Reaves and I am a licensed clinical social worker at Henrico County Area Mental Health and Developmental Services. I have been licensed in the state of Virginia since 2015 and have been practicing as counselor since 2006. I received my Masters in Social Work from Virginia Commonwealth University. I have been employed with Henrico County for five years treating patients with severe mental illnesses and substance use disorders. I provide both individual and group therapy to children, adolescents, and adults. I have extensive history treating patients with complex trauma, PTSD (post-traumatic stress disorder) as well as sexual abuse and behavioral issues.

I have been working with JM in individual therapy treating his PTSD symptoms. JM was seen for his initial assessment in August of 2018. I have been working with JM extensively in therapy for the past two years. I am prepared to offer opinions in this case relative to the course of

my involvement after his encounter with several Chesterfield police officers on March 28, 2018. All of my clinical opinions are based upon observations of JM and interactions with JM during the course of multiple individual therapy sessions. All of my clinical opinions are held to a reasonable degree of professional probability. In summary, I will testify that JM meets the clinical criteria to support the diagnosis of PTSD. JM has suffered from severe post-traumatic stress disorder (PTSD) since his encounter with the afore-mentioned Chesterfield police officers in March 2018. It is my opinion that JM's ongoing anxiety; and specifically his PTSD, is directly and causally related to having been physically struck, threatened, tased and prosecuted by the afore-mentioned officers. All of my opinions are based upon my clinical mental health training and experience and my interactions with JM. I hereby incorporate the record(s) of my sessions/interactions with JM into my opinions in this matter.

JM, then a 22-year-old African-American male, presented at Henrico Area Mental Health Developmental Service office on August 29, 2018. He had been experiencing anxious and depressive symptoms which had been ongoing and escalating for the previous five months. He explained at that first meeting with Henrico Mental Health Services that he had been pulled over by Chesterfield police officers for illegal window tint and asked to step out of the car. The officer later claimed that JM had "resisted"; and that this officer, and as many as three other officers, proceeded to pepper spray, punch and tase him shortly thereafter. In that meeting, he described himself as "a happy person" prior to the incident in question. He also reported that the incident "traumatized [him] and has made it difficult for [him] to trust people." He related that he postponed school for the fall, that he is having difficulty with employment, and that he no longer felt comfortable driving due to the anxiety he experienced while doing so. I found that he experienced significant feelings of depressed mood, lack of energy, diminished interest in

pleasurable activities, feeling isolated, withdrawn, sleep difficulty, trouble concentrating, flashbacks, panic attacks, nightmares from his arrest, avoidance of the location where he was arrested, irritable mood, and depersonalization. JM referenced numerous times in session that his friends and family had noticed how much his mood had changed since the incident and not feeling like himself.

Upon evaluation, I determined that JM suffered from PTSD subsequent to that first visit; with subsequent sessions focusing on coping with and addressing his symptoms in order to reach the maximum possible recovery for him. He presented at the August visit with symptoms consistent with a diagnosis of PTSD as evidenced by direct trauma exposure (the violence by the officers); intrusive symptoms of recurring memories, dreams, and flashbacks; avoidance of stimuli associated with the traumatic event; negative cognition, mood, and diminished interest; and irritable behavior, difficulty with concentration, and exaggerated startle response. These symptoms did, in the past and currently continue to have an adverse impact on all aspects of his life, and require treatment in order to restore functioning to a previous level in terms of mental health.

To the extent necessary to amplify and explain my opinions, I may testify on the broader aspects of trauma-induced anxiety, depression, PTSD, and other topics related to the issues in this case. I may also use certain demonstrative aids to assist me in explaining these topics, as well as my clinical opinions.

All of my clinical opinions are based upon my mental health training and experience and my interactions with JM.

A handwritten signature in black ink, appearing to read "Terence Reaves, LCSW", written over a horizontal line.

Terence Reaves, LCSW

Date: 7/20/21